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DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

LECTURE VII.—(Concluded.)

THESE relations of cathartics to the various parts of the alimentary canal, to other organs, to the system in general and to the state of the blood, I believe to be real; yet we are not now in possession of such knowledge as enables us to point out, except very generally, the bearings they have upon the details of practice. We are yet hardly prepared to teach with great confidence concerning them. We must be satisfied if we are able to determine the direction in which we are to learn.

In connection with the varied influences which purgatives are capable of exerting, I would again refer to the popular belief in the existence of morbid conditions of the blood or the presence of *humors* in it, and to the agency of medicines in their removal. Popular beliefs are apt to be unfounded, and effects attributed to one cause are often found to be due to another. This is perhaps equally true of medical opinions. Still I believe that a long-existent, deep-seated, popular belief is always worthy of consideration. It may be founded upon a truth, though the truth may not exist in that precise form in which it presents itself to the popular mind. The once universal belief to which I refer, for a long time discarded by physicians as a vulgar prejudice, but never eradicated, is now found to have a basis in reality, and the corresponding practice is undergoing a similar revival. The principles upon which this practice is to be followed, and upon which, if it be really efficacious, it depends for its efficacy, are probably closely connected with the subjects we have been considering.

It would next be desirable to describe exactly the rules according to which we are to employ purgatives, and to point out how we may avail ourselves of the powers we have found them to possess, in particular conditions of disease. The student will probably be disappointed to find how little precise information can be imparted to him which will stand him in stead in the multiplicity of these conditions, and how much he must be necessarily

thrown upon his own observation and resources, in the practical application of the knowledge he has acquired—a remark not less true of other remedies than of these. Still there are some states of the bowels, an acquaintance with which will not only aid in their treatment, when they occur, but will also serve as examples of the method to be followed in studying the course and determining the character of all the affections of the same organs.

Children are peculiarly liable to disturbances in the alimentary canal connected with the digestion of their food, and this in various ways. Such disturbances are apt to produce serious inroads upon the general health. A very common case is for the food to be imperfectly digested in the upper part of the canal, yet without much sensible disturbance there, but when passed on to the large intestine, to produce a good deal. The stools become loose, frequent, and evidently consist mainly of aliment partially changed and sour, still without amounting to a proper diarrhoea. The patient is irregularly feverish, with a foul or acid breath, full, dense belly, is dull and heavy, yet without sound sleep, very irritable and fractious, and with an irregular and capricious appetite. Sometimes the same symptoms occur without any such state of the stools, which appear pretty healthy. They are quite large, of a natural consistence and of a good faecal appearance. Upon a transient examination the discharges would be pronounced in tolerably good order, but with an unnatural odor and a greater coarseness of surface than is natural. If they are examined carefully, and are disintegrated by directing upon them a forcible stream of water, they are found to want the consistency and coherence of healthy faeces. They fall readily apart, and exhibit a granular and feathery texture, and from amidst them may be washed a large proportion of bits of food scarcely at all changed by the digestive process, though covered over with a thin layer of that which is, this being diffused in the water. Here the external surface only of the morsels of food, which in children are but imperfectly chewed, seem to have been digested and faecalized, leaving the internal portions almost unchanged. With some patients this state of the discharges is not inconsistent with continued health, especially among large eaters, the faecalized surface of the mass only presenting itself to the susceptible lining of the intestines; in others, it produces various degrees of disturbance, characterized essentially by the symptoms above mentioned. These cases principally occur among overfed and promiscuous eaters, from the age of weaning to five or six years; the worst form among the children of the poor, living in dirty, ill-ventilated houses and streets, and feeding upon coarse, ill-cooked, undigestible food; the milder among the children of the more comfortable classes, whose habits are well regulated as to air, exercise and cleanliness, but whose appetites are indulged, especially as to quantity and frequency. A great many of these cases are attributed to worms, and the symptoms are very

like those that worms often produce—and a great many others, especially those in which febrile paroxysms predominate, are classed under the rather indefinite term of “remittent fever of children.” Continued purging with calomel, rhubarb, jalap and other active cathartics, has been generally the accepted practice for these attacks, and if at the same time a careful diet and other proper hygienic measures are enforced, they speedily get well, but will recur time and again if these last measures are neglected. Recovery will also take place from hygienic measures alone, but is hastened by the moderate use of such cathartics as rhubarb, magnesia and aloes, and this is the better way. In cases of long standing, a few grains of pil. hyd. given occasionally hasten recovery, but a far better and more sure method is a change of air and residence, particularly from the town to the country.

Differences are constantly observed in the character of dysentery in different years and in different persons, and in the apparent necessity for purgative medicines in its treatment. In certain cases they are given with much relief, and the relief is coincident with the free evacuation of fæces—in certain other cases they are attended with no relief, and very little fæcal matter can be brought away. It will be found, I think, that the latter class of cases have very often been preceded by diarrhœa, and are apt to be more severe and intractable in their character. The fatal malignant dysenteries are of this class, whilst the mild and benignant ones are of the former. It is a common remark that a case in which we can procure fæcal discharges easily and with relief by means of cathartics, is seldom fatal. Hence these medicines have been so often regarded as indispensable in the treatment of dysentery, and have been vainly persevered in to the last of bad cases, the fatal event being attributed to the fact that cathartics could not be made to operate. But the probability is, that the idea that dysentery is produced by scybala and retained fæces is one of those plausible conjectures, started by some ingenious theorist, which has been handed down traditionally, untested, for many generations. It is a common remark, made on the examination of patients who have died of dysentery, that the intestines are quite free of fæces, and that their contents are mainly composed of the products of disease and of secretions from the upper parts of the canal. Indeed, of the many inspections of this kind I have seen, I cannot call to mind a single one in which anything like accumulated fæces or scybala has been detected.

In passing, a word may be said of the presence of scybala in the stools. To these some significance is usually attached as indicating a costive state of the bowels, and that the matters of which they are composed must have been retained a long time in the colon—in short, that it requires some considerable time for their formation. In dysentery, it is apt to be inferred that those brought away by cathartics have been present from the beginning of the disease,

acting as causes of irritation. That this is possible, cannot be denied; yet it is certain that scybala, like those discharged in dysentery, may be formed in as short a time as twenty-four hours, as I have seen proved by the presence in them of substances taken into the stomach within that period.

The explanation of these differences in dysentery may be this; that, in moderate cases, the digestion of food to some extent still goes on, that the inferior parts of the colon only are diseased, and that the superior are still capable of performing their function and of forming fæces; that these fæces, pushed down by the healthy portions of the colon upon the inflamed, there produce painful but ineffectual efforts to carry them forward, and that purgatives render these efforts effectual, clear away the load, and thus give a period of relief; that in severe cases the large intestine is so extensively involved, that even if any food is acted upon in the stomach and small intestines, it is not transformed into solid fæces in the large, but is transmitted, as it is received, in a liquid form, with the products of disease. Purgatives bring away no fæces, after the bowels have been once emptied at the beginning, because none are formed. This view, if correct, explains why it is that a disease which is sometimes so signally benefited by the operation of cathartics, is at others not only not benefited, but apparently even aggravated by them.

Another state of the colon is that in which, although its function of fecalization is well performed, it has become incapable of the complete or comfortable propulsion of its contents, in the whole or some part of its course. This difficulty is felt most commonly in the ascending portion, but also in the left part of the transverse, where it turns to descend, and in the sigmoid flexure. The organ is lame, weak and tender, rather than diseased. The state is almost habitual or constitutional in some persons, and is brought on by a variety of causes, but the most illustrative examples are found after severe inflammations of the bowels, after aggravated dysenteries, and after painful and protracted labors. The propulsive effort, whether of fæces or flatus, is attended with either distinct pain, or at least with a sense of great discomfort in some of those various parts of the trunk, which were pointed out as the seats of sensation from affections of the colon. The patient suffers in this way sometimes for several hours till an evacuation takes place; sometimes for several hours without succeeding in an evacuation, the organ finally ceasing to make any effort, and becoming quiet from sheer exhaustion, and continuing sometimes in a state of uneasiness the greater part of the time. In all it will often happen that an evacuation, when it takes place, is followed by a sense of great lassitude, dragging and even pain in the back and hips, and general prostration. The treatment of this condition—some degree and form of which are very common—is attended with great difficulty, especially where it follows upon some severe disease of the

colon itself. Such is the constant necessity for the function of this organ, that we cannot secure to it that adequate rest which is an important means to its recovery. An expedient, sometimes very effectual, and which will at least often promote the comfort of the patient, is fairly to take the matter out of the hands of nature, and daily to empty the bowels at once, either by a purgative or enema. A compact and effectual effort of this kind, though produced by artificial means, interferes less with the natural recovery, than that protracted striving without a thorough accomplishment of the purpose in which the difficulty mainly consists, and really gives the organ concerned more rest. This principle of action is capable of application in a wide range of cases resembling more or less those which have been described, viz., to limit the activity of the large intestine to a short period. This object may, in many cases, be more effectually accomplished by the aid of an intervening opiate.

Various chronic complaints are found to be complicated with a costive state of the bowels, in consequence of which faeces become accumulated in the colon, sometimes to a great amount. It is not always easy to judge how far this is the sole cause of the symptoms which the patient exhibits, or how far it merely aggravates them and interferes with a natural recovery. In either case, a removal of the accumulation, and the prevention of its recurrence, is a necessary condition of recovery. Generally this can be done by the repeated employment of purgatives, and for this purpose those should be selected that are mainly evacuant in their character; though it may also be necessary to combine with them articles that increase the natural secretions. But faeces have sometimes been retained so long that they become hardened into large masses. I have once found the colon so filled with these bodies that they have been felt during life, through the walls of the abdomen, lying along the whole course of this organ, like a chain of tumors, and after death occupying the whole of its cavity, in rounded balls from the size of a walnut to that of a moderately sized orange. These were, from their solidity, obviously incapable of removal, and the freshly formed faeces were, for a long time, only made to pass by them by means of continued purgatives. In this way life had been maintained a long time, and the functions of the digestive organs carried on, though with pain and distress, the patient dying finally of malignant disease of the stomach. Not very unfrequently we encounter another form of impacted faeces, less gradual in its formation, less hardened, and occupying only the lower part of the canal, especially the sigmoid flexure. The comparative rapidity with which the accumulation and distension has taken place, excites presently a powerful effort for their discharge, and they are pressed down into the rectum with great force, but in too large bulk and of too unyielding a texture to accommodate themselves to the passage of the anus. The effort is attended with

great pain along the whole course of the colon, and a bearing down into the pelvis like that in parturition, for which, in the female, it might be mistaken. On examination, the hard mass is found occupying the cavity, like the head of a child. In slight cases of this sort, enemata and purgatives will sufficiently aid the natural attempt at expulsion, but in the more severe, this is impossible. Relief can only be obtained by manual assistance, and the hardened masses require to be broken up by the fingers or the handle of a spoon before they can be got away. The quantity thus discharged is sometimes enormous. Similar accumulations have taken place from eating at once large quantities of indigestible substances, as cinnamon or cherry-stones.

There are several other states of the colon, somewhat connected with each other, in which a certain degree of looseness is a predominant feature. They are incident to persons whose functions are not otherwise much disturbed, though they have not usually firm health, yet they are sometimes the accompaniment of distinct disease. In one set of cases there is an alternation of costiveness and diarrhoea, often unconnected with any assignable cause, though often dependent upon exposure, variations in the weather, certain kinds of food, or emotions of the mind. In another set, it is obvious that the difficulty depends upon a retention of some of the more solid portions of the faeces, while the liquid are discharged in a loose state; the retained portions acting as causes of irritation, preventing the proper absorption of the thinner portions of the digested mass, and perhaps giving rise to an increased secretion of the natural fluids. In still other cases, there is no retention of faeces, but rather a premature discharge of them, from an apparent incapacity in the colon to retain them till its whole function is performed. The discharges consist rather of thin and imperfect faeces, than of anything morbid, and may amount to so many in a day as to constitute a form of diarrhoea, and yet interfere so little with the health as to be simply an inconvenience.

These states probably all depend upon a weakened condition of the large intestines, manifesting itself in these different ways. They require a careful observation and arrangement of all those circumstances in the habits and mode of life of the patient, that are found to influence them. There is seldom any occasion for the use of purgatives. Still, when there is evidence that an insufficient evacuation of the bowels is one of the elements of the case, the continued administration of a very small dose of a mild cathartic, especially castor oil or rhubarb, will be found of great service.

With regard to most of the states of the bowels of which we have been speaking, it is to be observed that they are seldom connected with fatal disease, and our explanation of their nature is consequently conjectural; it may therefore be erroneous. The same, however, is true of a very large proportion of the cases of other

kinds that come under our care in ordinary practice. It is only the more important that the course of symptoms, as indicating the mode of action and the condition of the organs, and the changes that take place among them, should be made the subject of careful observation, reflection and reasoning.

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CASE OF DOUBLE CONGENITAL CATARACT OPERATED ON WITH  
SUCCESS AT THE AGE OF EIGHTEEN.

[Medical Correspondence of the Bulletin Générale de Thérapeutique Médicale et Chirurgicale, July, 1861.]

TRANSLATED FOR THE JOURNAL BY THOMAS WELSH, M.D., BOSTON.

WHILE waiting till I have leisure to prepare my new observations upon the good effects of the use of arnica and aconite in the treatment of cataract, permit me to give you a description of one of the last cures I have been called to attempt. Besides, cases of congenital cataract not operated on before the age of puberty are not so common but that every one deserves a particular notice.

The following is the case:—Mlle. Louise A., of Montnessat, 18 years old, had the misfortune to be born with a double cataract, and to belong to a family which believed in the stupid prejudice that the establishment of the menses would bring a spontaneous cure of the blindness of their child. When the period of puberty arrived, her parents, seeing that the appearance of menstruation did not bring any change in the vision of their daughter, at last decided to consult me. What was their regret, when I told them that the operation at the age of ten or twelve months would have as much as, if not more chance of success than at 18 years, and that they had, besides, lost valuable time for the education of their child. Fortunately, this young lady has great intelligence, and will rapidly acquire the knowledge resulting from the use of her eyes. October 15th, 1860, assisted by M. L. Muré, I operated by depresso-reclination\* upon both eyes of Mlle. Louise. The cataracts being siliquose, it was not without difficulty that I succeeded in keeping the two layers of the opaque capsule immersed in the vitreous humor; they constantly strove to come up into the field of the pupil. In order to prevent the effects of the wound caused by the needle, I put my patient on the use of arnica and aconite, administered alternately, according to my method. Perfect quiet was enjoined; a sleep of four hours during the first night was accompanied by a gentle moisture of the skin. The two following days the pulse was slow and depressed; then it recovered progressively its normal force and rhythm.

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\* By the term depresso-reclination, I mean a mixed procedure of depression in which depression of the cataract is associated with its reclination; that is to say, before tipping the lens into the inferior and external part of the vitreous humor, I take care to lower it a little vertically until a semilunar opening appears in the upper fifth of the pupil. By this method we prevent, during the displacement of the cataract, either the falling of the lens into the anterior chamber, or the too immediate compression of the retina or choroid coat.

It is impossible for me to depict the joy and astonishment which the patient experienced on the first raising of the bandage, the eighth day. I then witnessed the following condition: the left pupil is clear and completely free; but the right is occasionally obstructed by the cataract, which floats in the posterior chamber and produces the phenomenon of intermittent vision. At her age I rely upon its prompt absorption, and if, contrary to my expectation, it should be otherwise, I should resort to extraction by means of the ingenious *serre tôle* of M. Charrière.

Let me say a word now of the curious phenomena, or rather strange aberrations, which this sense of vision, putting her in relation for the first time with the external world, has presented to us. The first sensation of light produced so lively a sensation that the eyes were seized with convulsive movements, and it was only after having established twilight in the room, and after numerous oscillations, that the globes of the eyes maintained their equilibrium. When the organ of vision was accustomed to the light, I attempted some experiments and observed the following facts: when an object is presented to Mlle. Louise, she can neither appreciate its form or color; she is obliged to touch it, to tell its name or use. The laws of visual accommodation are lost for her; thus, she judges distances so inaccurately that she constantly places her hand beyond the objects she wishes to grasp. Besides, this young lady has been so in the habit of using the sense of touch to supply that of sight, that, after having the name of an object pointed out to her, she feels the need of taking hold of it and manipulating it in every direction, so as to fix the form of it as well as its other characteristics in her memory. When an object has been presented to this double inspection it remains impressed on the memory, and Mlle. Louise can name it by the exclusive use of her eyes, even four or five days after a first trial.

I have no doubt that education, which has to be commenced for her, will complete the use of vision, aided by the ideas the so highly developed sense of touch will give her.

I regret that the hurried departure of my patient, who was impatient to return to her parents, did not permit me to follow out and complete the study of her case.

A. M. CADE, D.M.,

*A Bourg Saint Andreas (Ardèche).*

#### LETTER ON SOME POINTS OF MILITARY SURGERY.

[Addressed to Prof. FRANK H. HAMILTON, of Brooklyn, N. Y., by USHER PARSONS, M.D., of Providence, R. I., and read before the Rhode Island Medical Society, Dec. 19th. 1860.]

DEAR SIR,—In reply to your inquiries as to the result of my experience in naval and military surgery, particularly as to ventilation, clothing, &c., I have to state that two or three of the points you allude to were strongly impressed upon my mind, which I will

now refer to; and first, in respect to *ventilation*. In the battle of Lake Erie, on the 10th of September, 1813, nearly a hundred were wounded—sixty-one of them on board the *Lawrence*, twenty-three on board the *Niagara*, and about a dozen in the smaller vessels. There were eleven cases of compound fracture, besides simple fractures, many gun-shot wounds and extensive lacerations; and among them all several amputations were required. Those wounded on board the *Lawrence* were ranged on the upper deck in the spaces occupied by the cannon and gun carriages, which were removed from both sides of the deck to afford room for mattresses. The only shelter over the wounded thus lodged was an awning that served to screen them from the sun, and tarpaulins and canvas to spread over and shelter them when it rained.

To the wounded of the *Lawrence* were added, *after two days*, those of the *Niagara* and of the small vessels. The whole number of patients, requiring a recumbent posture on the deck, was about fifty. They remained in the ship fourteen days after the action, and were then landed at Erie and lodged in a large unfinished court-house, and remained there until cured. Of the ninety-six wounded only three died, and these were cases of so severe a nature that a surgical operation was not deemed justifiable, and they were left to linger out a few days of misery. This entire success I have ever felt warranted in ascribing to the purity of the air, more than to any other cause.

Secondly, another cause of success worthy of special notice, was the *delay of severe surgical operations until the system was entirely recovered from the shock of the injury*.

Having sole charge of the wounded of the whole fleet (the other two medical officers being ill), and the wounded being passed down to me for aid faster than I could attend to them in a proper manner, I aimed only to save life during the action, by tying arteries or applying tourniquets to prevent fatal hæmorrhage, and sometimes applying splints as a temporary support to shattered limbs, and in two or three instances small portions of flesh were divided which held a dangling limb to the great annoyance of the patient. In this state the patients remained until the following morning, under the free use of cordials and anodynes. At sunrise I began amputations, and in the course of the whole day and evening was able to finish all operations and dress at least once or twice, and to do justice to them all. On the following day, I visited the other vessels and brought all the wounded on board the *Lawrence* and treated them in like manner. Now as all but the hopeless cases recovered, it was proved satisfactorily that the delay of amputations and other severe operations for one and even two days had no unfavorable effect upon the chances of recovery. Probably some lives were saved by it which would have been lost had the operations taken place on the day of the injury. I am, however, ad-

vancing no new doctrine in this matter, but only adding facts strikingly illustrative and confirmative of its correctness.

A third cause of success in this action, was the plentiful supply of fresh provisions and vegetables, brought to the fleet from the shores of Ohio, and a generous supply of wine and other cordials.

Fourthly, there can be no doubt that cheerful and buoyant spirits, occasioned by victory, contributed not a little to recovery.

In two other actions I saw much to confirm the foregoing opinions. In an attack on Mackinac, the following year, by Col. Croghan's small army, transported thither in our vessels, the number wounded was less than half that above detailed. Our vessels were crowded with troops, and afforded no suitable lodgings for patients. The air became foul. Diet mostly salt meat, with no fresh vegetables, and added to this was defeat in the enterprise, for we were repulsed. Consequently, the wounds acted unkindly, and some died that under more favorable circumstances might have recovered.

In a third action, opposite Black Rock, near Buffalo, nearly a hundred sailors crossed over the Niagara in a cold night, late in November, for the purpose of taking a battery by storm, preparatory to the crossing of General Smyth's army to take Upper Canada. The sailors succeeded, with the loss of six or seven officers and men killed and thirty wounded. The distance across the river was about one mile, and the wounded were much chilled while returning in an open boat. The apartments for receiving them were very small and ill ventilated, but this was slightly remedied by keeping up a wood fire, which served to establish a current of fresh air from without. There were extensive suppurations, and some deaths of such as under favorable circumstances might have been saved.

You inquire the result of my experience in amputation for tetanus. It is decidedly against it. I have amputated twice without any benefit. The disease, in fact, is seated in the spinal cord. Actual cautery over this, with an iron brought to a white heat, is reported to have allayed the spasms in some cases, but I have seen no case of successful treatment of an established tetanus. For prevention, after battle, of traumatic tetanus, I deem it of great importance to graduate the covering or clothing of wounded patients according to the temperature of the air, hot days succeeded by cool nights having been found the most productive cause of tetanus.—*Communications Rhode Island Med. Society, 1861.*

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### Army Medical Intelligence.

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**TWENTIETH REGIMENT HOSPITAL ARRANGEMENTS.**—At Camp Massasoit, Readville, near Boston, is one of the schools of military instruction authorized by the State. Dr. Dale, Mass. Surgeon General, lately

visited the 20th regiment there, and found the medical department so well arranged that it is said he intends referring surgeons of other regiments to it as a model Hospital. The regiment is under the command of Col. W. Raymond Lee; Dr. Henry Bryant, of Boston, is Surgeon, and Dr. Nathan Hayward, of Roxbury, Assistant Surgeon. The hospital is secluded, well ventilated and lighted, with comfortable couches, and the best of nursing. The health of the regiment is excellent, and this is doubtless in great part owing to the good management of the culinary department. Through the long range of kitchens neatness and order are everywhere apparent. The principles of house-keeping are taught the soldiers, who are required every morning to air their bedding and sweep out their tents, and to strike the latter every third day.

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[Dr. O. Martin, Surgeon of the 3d Battalion of Rifles M. V. M., reports as follows respecting the cases of sickness in that Battalion.]

The Third Battalion of Rifles of the Massachusetts Volunteer Militia, after stopping at Annapolis till the road to Washington was opened, landed at Fort McHenry on a cold, rainy, snowy morning, the third of May. The privates had to make a floor out of wet boards to cover the brick barn floor, on which to sleep that night.

The fort was under the command of Major Morris, a tough, efficient, but not the most sensitive of officers, who had spent much of his life under the hardening influence of a frontier service in Minnesota. The hospital and garrison were under the medical care of a highly educated, gentlemanly physician, who had been ordered to this place by the government, and who arrived the same day as our battalion. This physician did much to mitigate the severity of the discipline of this hardy, well meaning old soldier, who saw clearly the necessity of mounting those guns, but could hardly be expected to understand how dangerous to the health it would be to put the young men from lawyers' offices, banking houses, counting rooms, stores, and mechanics' shops, so early in their military lives, on the same number of hours of fatigue duty as were given to soldiers old in the regular service.

These patriotic young men worked with a will and a vigor that pleased and surprised the old veteran. He said that he did not believe the same amount of work had been done in the same length of time by any equal number of men, as had been done by this battalion, in the whole federal army.

But this tremendous tax on their unused strength began soon to tell on their health, so that while we find up to May 17th only eight or nine sick in hospital and in quarters, by May 31st the list was swollen to thirty, and by June 26th the figures had increased to the incredible number of forty-eight, and so continued for several days. One man out of every six men was sick. Although the quarters were thoroughly cleaned, we found no diminution of disease till the excessive fatigue duty was closed.

From May 10th to June 1st, we find on the sick report:—14 cases reported of bad colds, 12 debility, 17 diarrhœa, 10 neuralgia, 5 rheumatism, 1 typhoid fever, 55 of all other diseases. 114 total in May.

From June 1 to July 1—6 cases bad colds, 9 debility, 60 diarrhœa, 65 typhoid fever, 12 neuralgia, 9 rheumatism, 43 of all other diseases. Total in June, 204.

From July 1 to July 29—81 cases diarrhœa, 3 dysentery, 31 typhoid fever, 4 rheumatism, 6 debility, 1 inflammation of the tonsils, 63 of all other diseases. Total in July, 159. Making in all 477 cases of disease prescribed for in less than three months, from a force of but a trifle over three hundred men. In three months we find put down among the diseases 97 cases of typhoid fever. Two of these died, one from bleeding from the bowels in a constitution so broken down with disease that the blood would not coagulate, and of course could not be stopped; the other from uncontrollable diarrhœa.

We find, also, twenty-seven cases of debility from fatigue, that only wanted time to cure, and many others whose developments it was necessary to await before any scientific treatment could be adopted. As treatment and medicine cost nothing to the sick, it would not be strange that inexperienced young men should desire more than was for their good.

On our arrival the wells were stagnant for want of use. The fort is enclosed on three sides by water, containing the wash and filth of the city of over 200,000 inhabitants. The militia have not been called out since 1812, and much confusion and difficulty arose from there being a commander and surgeon of the fort, who took precedence of those of the battalion. The surgeon of the third battalion had no rights while within the garrison save those conceded him by courtesy, which limited his powers and his responsibility, and many things occurred, unavoidably, that he would have wished differently.

But the curse of military life is whiskey—not poor whiskey, or poisoned whiskey—but alcohol in some form. And it kills more than rifles, cannon, or sabres. The regiment that would prohibit it, both among its officers and its men, would save a vast amount of annoyance and disease.

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[We are sorry that an army regulation recently made renders it impossible for us to publish several extremely interesting letters from the seat of war. Of these we have seen one from Dr. Luther V. Bell, one of the Massachusetts Brigade Surgeons, which gives a stirring account of the late conflict. Dr. Bell, it will be remembered, distinguished himself in the battle of Bull Run for courage and skill under circumstances of the utmost peril.

In place of this, we copy from the *Medical Times* a letter from Dr. Hamilton, to whom the regulation above referred to does not apply, and which our readers will find not without interest.]

I have had no time to write to you before, and I have scarcely the time now, but I have seized a few moments of leisure to give you a brief account of one day's experience upon the field of battle.

At half past two, Sunday morning, I was in my saddle, with my assistants by my side, and my ambulance was ready for the march. The column began to move at this early hour, but our Division, under General Miles, did not leave the encampment until after six o'clock, A.M. We then followed the long train which had preceded us, and after a march of about three miles took up our position where the battle of the preceding Thursday was fought, upon the brow of a hill commanding a view of the whole valley in which lay the forces of the enemy. The 32d and 16th of the New York Volunteers were ordered to support Lieut. Pratt's battery, Col. Pratt, of the 31st, acting as Briga-

dier-General or commanding officer, while Lieut.-Col. Brown took charge of our own regiment, the 31st; subsequently Col. Pratt took charge of his own regiment, and was ordered to support Major Hunt's battery.

As soon as the troops were fairly in position the batteries opened upon the enemy with shell, solid shot, grape, and canister. Their fire was very effective, but it was not answered until late in the afternoon. In the mean time my assistants aided me in selecting a place along the wood, in our rear, where a pretty deep cut or gorge, leading a little off from the main road, would enable us to dress the wounded without exposure. We all went to work with a will, with the help of the drummer boys, and had soon cleared the gorge of stones and bushes. Here we proposed to have the wounded brought on stretchers by the drummers and a few volunteer aids, who together composed my ambulance corps. We then placed our ambulance above and beyond the gorge, in the direction towards a log-house, which was situated one-quarter of a mile further off in the rear. We took down the fences to let the ambulance pass, and planted our red flags at the temporary depot, and at the log-house. We were all ready when we received notice of an expected charge of cavalry upon that road, and were requested to select a building on the opposite side of the road, as the enemy's batteries would range across the old log-house. Accordingly we hastened to make the change, and in a few minutes we had everything as well arranged in a snug wooden house, occupied by negroes, as if we were in Bellevue. The operating table was ready, the bed arranged, and the instruments, sponges, bandages, cordials, &c., in order.

I now rode back to the field, and found we had had one slight skirmish, in which one man of the 16th had been wounded in the head, which Dr. Crandell, of the 16th, had already dressed. It was past mid-day, and we were all tired, hungry and thirsty. Exploring a garden in front and to the right of the batteries, I found cabbages, beets, parsnips, onions, sage and potatoes; near by were chickens, and smoked hams in a deserted ledge. Water we found one quarter of a mile to the left on the borders of the woods, within which lay the enemy, but the drummers brought water, and with the help of Mr. Nourse, Dr. Marvin, and my son, we soon made about four gallons of the best soup I have ever eaten. We had salt and pepper to season it, and good appetites to welcome it. We made also a large coffee-pot full of coffee, and found sugar to sweeten it. This we carried to the rear, and fed out first to the colonel and his staff, and then to the line officers and men, as far as it would go, not forgetting ourselves and the drummer boy.

After this precious repast we carried whiskey to those soldiers who had been skirmishing, or who seemed especially to need it; for they were without shelter, under a sky of brass. To those who called for it also we sent or carried water in pails—such water as we could get. The men never left their lines, except when ordered to act as skirmishers, and must have perished except for some such refreshments.

At about four or five, P.M., a message was sent to us that the enemy were retreating, and that the day was ours, and I immediately returned to my hospital to order, of the black inmates of the South, supper for the Colonel's staff and my own. I was standing at the door, looking out towards the road, when I saw the regiments ap-

proaching in order, but rather rapidly; at the same time came an order from Dr. Woodward, the intelligent and faithful medical director of our division, for me to fall back with my hospital to Centreville, about one mile further back, as the enemy were making an attempt to flank us on the left, in the direction of our division. I immediately had everything replaced in the ambulance, and having paid Maria, the black woman, whose dinner we did not eat, we started for Centreville. We went along the same road with the troops, who were moving in good order, and without any appearance of alarm. At Centreville I took out my amputating case, general operating case, and medicine chest, and finding a large number of wounded already here, proceeded at once to dress their wounds, extract the bullets, &c. We were occupied for an hour or more in an old tavern. My assistants here were Dr. Lucien Damainville (first assistant), Dr. — Brown, Mr. Marvinne, medical student, Mr. Nourse, and my son Frank, who had been acting most of the day as the Colonel's aid. I think Dr. Arnt, of one of the Michigan regiments, was with us at this time. We had no bandages, no lint, no sponges, no cerate, and but very little water, and I think only one basin. Our first attention was directed to those already in the house. Stooping down as they lay crowded upon the floor, we inquired, "Where is your wound, my poor fellow?" for they seldom called us until we came to their relief, nor did many of them utter a moan. There they lay silent, waiting their turn. Most of the wounds were made by spherical balls—some had gone through entirely, without breaking a bone or severing an artery—and to them we said, "Bravo, my boy, a noble wound, but no harm done. Mr. Nourse, apply a cloth, wet with cool water." Not a few, encouraged and strengthened by these words, got up and came on foot to Alexandria and Washington. I saw several at Fort Runyon, from whom I had extracted balls from the neck, arms and legs, the next morning when I arrived there, and they had walked the whole distance. Three or four had balls through their bodies, and had walked two or three miles to the village; one was brought up with a wound in his thigh, who had lain on the field since the Thursday preceding. He will recover, I think.

From this building we went to a private house, which was also full, and then to the old stone church. Here I met Dr. Taylor, of the 1st New Jersey Regiment, who was laboring most industriously, and Dr. —, a private, a very intelligent man, belonging, I think, to the 2d Michigan, and who, for his extraordinary zeal and attention, deserves great credit.

In the old stone church the men were lying upon every seat, between all the seats, and on every foot of the floor; a few on stretchers, perhaps three or four; a dozen or more on blankets—occasionally upon a litter, hay or straw, but mostly on the boards.

The scene here was a little different; it was dark; we had but two or three tallow candles. The men had been waiting longer, and were in general more severely wounded; and, although a man now and then asked us to pass him, and to look first after some one lying near who was suffering more, yet from all sides we were constantly begged and implored to do something for them. After a little while we concluded to take them in the order as they lay, since to do otherwise rendered it necessary to consume time in going backwards and forwards, and we were constantly in danger of treading upon the wound-

ed; indeed, it was impossible to avoid doing so. By this time we had found a hospital knapsack, and were pretty well supplied with bandages; but the time did not allow us to do much more at first than to extract the bullets, and apply cool water dressings, with lint.

Only two amputations were made by myself; one below the knee, and one above the elbow-joint. Both of them, I confess, were done very badly; but I could, at the time, and under the circumstances, do no better. My back seemed broken, and my hands were stiff with blood. We still had no sponges, and scarcely more water than was necessary to quench the thirst of the wounded men. My assistants were equally worn out—Dr. Taylor alone seemed vigorous and ready for more toil.

At half-past twelve, or about that time, we went out to get a candle to enable Dr. Taylor to amputate a man's arm at the shoulder-joint. Just then a regiment came up, and the Colonel was challenged by the picket. This reminded me that if we were to stay all night, as we had mutually agreed to do, we should need the countersign; but although we told him we were medical men, in charge of the wounded, and intended to stay, this was refused to us. The Colonel told us that his was the last regiment covering the retreat.

We obtained a candle and went to the house where lay Dr. Taylor's patient, with his arm terribly shattered with a cannon ball or fragment of a shell. It was nearly torn off near the shoulder-joint, but the hemorrhage was trivial. He was dying of the shock. We gave him whiskey, the only stimulant we had, with water, dressed the wound slightly, and left him to his fate.

Dr. Damainville and I now lay down upon our backs upon the floor beside the wounded—we could do no more—our last candle was burning. Some of us had seen all the wounded, probably 250 in number, and done for them all that lay in our power. I had drunk some butter-milk and eaten a sandwich that Adjutant Washburn had held to my mouth once in the evening, but none of us had had any other food. I had sent Adjutant Washburn to overtake Gen. McDowell early in the evening, and to represent our condition, but he could not find him, and returned without help. The two bottles of whiskey taken by my son from the ambulance when we first came were already nearly distributed to the wounded. They had not a morsel to eat, the ambulances had all gone and had been for several hours. As we went into the street again, we found it silent as the grave—the pickets even were gone, and except a few men so soundly asleep under the trees that we could not awaken them, there was no one left in the road. After a second consultation we determined to go also. My assistants and myself soon found our horses, but the servant was gone, and with him the bridles, nor could we after much search and loud and long shouting find him. I went back to the old stone church, and found one soldier just brought in, whose wounds I dressed, and then said aloud to the poor fellows within: "Thank God, my boys, none of you are very seriously injured; you will probably all get well." To which I heard one or two feeble responses: "Thank you, Doctor, thank you." I could not tell them I was about to leave them, and I trust in leaving them so I did them no wrong. I could be of no more service to them until morning, and then I supposed they would be in the hands of a civilized and humane enemy who would care for them better than we could. As I passed along out of the village I requested one gentleman who lived

there to look after them, and also a family composed of a man and wife with two daughters. They all promised to do what they could.

Our instruments we could not take. There were five of us and two horses, and my son had sprained his ankle and could scarcely walk, so we went on towards Fairfax Court-House, and in half an hour we began to overtake the rear regiments, and soon I saw Dr. Woodward's cheerful face begrimed with dirt like our own. I told him how we had left the wounded. There was no remedy, said he. They must be left. We hurried on, and at Fairfax Court-House overtook Gen. McDowell, to whom I at once reported the condition and number of the wounded, and requested to be sent back if he thought it best. He replied, "You have done right, keep on to Washington." As I was leaving the gate he sent a messenger to call me back, and to ask me if I were walking. I replied that I was. "Gen. McDowell has here ten or twelve ambulances," said he, "for the wounded, which he obtained by a despatch to Washington. He wishes you to ride." From Fairfax I rode till our ambulance broke down, filled with wounded. The wounded were transferred to another ambulance, and I again took to my feet and occasionally to my horse. I reached Fort Runyon, opposite Washington, at about 10, A.M., and here washed my bloody hands and arms, for here I found the first water.

The wounded were scattered the whole distance from Centreville to Washington, not in large numbers, but here and there one could be seen walking by the aid of one or two associates. In reference to the ambulances, the occasion of their absence from Centreville was simply that the drivers became frightened, and to turn them back would have been impossible. Nor do I think it would have been possible for Gen. McDowell to have sent one vehicle back beyond Fairfax at the time I saw him.

It is remarkable that most of the wounds seen by me were not of a character which would be likely to prove fatal. Perhaps the men most severely wounded were left upon the field, or were dressed by those noble surgeons who were near them, and some of whom lost their lives, while others gave themselves up as prisoners.

In no case did a wound seen by me require the use of a tourniquet, although some soldiers had their limbs tightly girded so as to have already occasioned great swelling and pain.

Most of the balls extracted were spherical; and of those which I removed, the majority were removed through counter openings, the balls lying close against the skin.

Nearly all the soldiers that I have seen since the battle, in Washington and Alexandria, are doing well.

I must not omit to state that after I had left, and when I supposed our whole party were in front of me, Mr. Nourse, acting assistant apothecary in our regiment, went back with three horses, and placing three wounded officers upon them, sent them off, for which he would accept of no compensation. He then walked himself the whole distance to Alexandria. This, with many other signal instances of this young man's courage, endurance, and humanity, deserves an especial notice.

My own regiment having, under its excellent commander, Col. Calvin E. Pratt, of Brooklyn, N. Y., covered the retreat of most of the forces, and especially of Hunt's Battery, which took up a new position near Centreville early in the evening, left the ground at 11, P.M.,

and returned in perfect order to its old encampment near Alexandria. Before they left they received five successive volleys from the enemy's infantry, but not allowing their own fire to be drawn, they saved themselves and their own battery from being overwhelmed and taken. I must regard the coolness and discretion of Col. Pratt under these circumstances, as the highest evidence of his capacity as a military commander.

FRANK H. HAMILTON,  
*Surgeon 31st Regiment N. Y. St. V.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, AUGUST 15, 1861.

The stirring events of the last six months few of our countrymen can have contemplated with indifference. Within that period we have seen a nation from a state of unexampled prosperity, not easily acquired, brought to the verge of anarchy by a contest the issue of which no one can at present discern. The recital of the bloody scenes of the battle-field, and the thousand and one tales of the terrible carnage always incident to civil conflict, have become familiar to all, and we are rapidly becoming wonted to the condition of war and the many evils consequent upon it. The influence of such a convulsion upon the nation at large, as well as upon every interest directly or indirectly dependent upon it, must of necessity be marked and lasting; but we are nevertheless warranted in the belief that, notwithstanding many of the consequences of so dire a calamity, much positive good will be result. A state of war is clearly providential, and hence must have been ordered for wise ends; and it may fairly be supposed that not the least of the benefits of such a political storm must be to clear away the moral and mental rubbish that is so apt to accumulate in prolonged periods of national peace, and from which spring those noxious weeds, which, if left to flourish unchecked, would prove far more dangerous to a nation's safety than the means instituted for their destruction. Of this nature are the various forms of heresy, medical as well as political, which in these latter days have increased to an extent hitherto unknown. It is in times of national prosperity, when comforts and luxuries most abound, that the mind seems prone to expand itself in vain and foolish speculations; and in a country like our own, where liberty almost to license is the rule, men are tempted to wander away from the broad gaze of the sun, lured by the uncertain and flickering light that dances in their own distorted and enfeebled imaginations. The experience of a thousand years is thrown aside to give place to the hallucinations of crazy enthusiasts, which in their turn give place to others, until the truth is entirely lost sight of, and men find themselves wanderers in dark and unknown regions. No surer remedy exists against such an evil than that whose operation we are beginning to feel.

Another indirect effect of the prosperity with which our country has been peculiarly favored, has been a diminished moral tone, which has expressed itself by undervaluing many of the choicest of heaven's

blessings. So wicked have men become, that the most sacred laws are violated without hesitation, to subserve some selfish end; crimes have become not uncommon to which were attached, in better days, the most fearful penalties. A recent writer, in allusion to one effect of the present crisis, truly says:—"We, to whom life ought to have been at a premium, have been less conservative of this precious commodity than Austria (whom we have often undervalued and despised), where life is redundant. Life has been habitually disregarded and wantonly wasted. The suicidal and murderous practices which exist in the community of preventing and destroying offspring have obtained such a hold upon large portions of the people, as to rank among the conservative virtues. This perversion of both natural and supernatural virtue will probably undergo speedy correction. Boys will be wanted to defend their country, replenish decimated ranks, and cultivate the neglected soil. They will soon become valuable; and the virtuous American matron, surrounded by a troop of fair daughters and stout sons, will not be reproached as a foolish person who has had a larger family than was convenient, but will be honored, as were the Roman and Israelitish matrons, for bringing forth and rearing children—the future life of the State." Surely, if the ordeal through which we are now called upon to pass shall accomplish nothing more than to correct a vitiated public sentiment in matters medical as well as moral, and bring men back to a just sense of their higher duties and responsibilities, it will prove a blessing rather than a curse.

VACCINATION AND RE-VACCINATION OF THE MASSACHUSETTS VOLUNTEERS. *Messrs. Editors.*—Several communications relating to the above important subject have appeared during the last month in your JOURNAL. These communications were in the form of correspondence, written by a physician of our sister city, Roxbury, then at Fortress Monroe. To these were added your timely and just criticisms, due, not only to the foresight and care of the Medical Bureau, the Medical Commission and the State Government, but due also to the services and abilities of the surgeons and assistant surgeons, either permanent or temporary, either volunteers for the time or now in the pay of the United States, attached for a longer or shorter time to battalions or regiments.

It is asserted, that at the time your correspondent's offer was made to the Governor of Massachusetts, the troops were not being, nor had they been properly protected by vaccination, even much less by re-vaccination; and that the limited vaccination had been done with no method, or anything even in a *remote* degree approaching thoroughness, re-vaccination not at all.

In so far as the three months' volunteers are concerned, it is, as has already been stated by yourself, idle to find fault, when we consider the limited time which elapsed between the requisition of the President and the departure of the regiments from Massachusetts.

But the offer was made after the departure of the three months' regiments, and consequently your correspondent's remarks are aimed at the regiments raised afterwards, or rather at those which were in progress of formation when the offer was made. We are, however, obliged to protest in behalf of all regimental and battalion surgeons, who have held either previously or accepted commissions since the 17th of April, 1861, and who have had or still have the sanitary condition of our Massachusetts Volunteers under their charge, against your correspondent's insinuations and charges, that the limited vaccination had been done with no method, or anything even in a *remote* degree approaching thoroughness, re-vaccination not all. On the contrary, we would inform your correspondent that, long before *his* offer was made, at least three weeks before, the men of one military organization in this city—and perhaps others, also—expecting then to be called into the service for three months, were examined and re-vaccinated with method and thoroughness, and the vaccine matter to accomplish the same was furnished

with great readiness by the City physician, Dr. Jones, upon a requisition from the then existing Medical Bureau. We will give briefly the facts.

The nucleus of the 13th Regiment of Rifles was the 4th Battalion of Rifles, of this city, organized some weeks previous to the 19th of April from the Boston City Guard. By an order received from the Medical Bureau, all the recruits of the 4th Battalion were examined, to the number of 387, in all. Of these 387 men, every one had been vaccinated in childhood, and more than one had been re-vaccinated within eight years. All those men who had not been re-vaccinated were at once re-vaccinated, in the latter part of April; and after the Battalion was ordered to garrison duty at Fort Independence, the men were again, by orders from Headquarters, subjected to an examination, and those who had not previously, that is in April, been re-vaccinated, were subjected to the process and a record kept of the same. When the battalion was afterwards raised to a regiment, all the companies which were added were thoroughly inspected, man by man, with particular reference to vaccination and re-vaccination, and the case entered upon the rolls. So much for the 13th, at least, one of the very best of the Massachusetts Regiments. We have little doubt, but that there are other regiments whose surgeons have been alive to their duty.

FORT INDEPENDENCE.

At an informal meeting of the Middlesex (Mass.) East District Medical Society, holden in Woburn, August 10th, 1861, Drs. William F. Stevens, William Ingalls and Alonzo Chapin were chosen a committee to prepare the following resolutions and present a copy of them to the family of the late Dr. Truman Rickard, and also to cause them to be published in the *Middlesex Journal*, *Woburn Budget* and *Boston Medical and Surgical Journal* :—

*Resolved*, That we regard with deep emotion the sudden decease of our associate and friend, Dr. Truman Rickard.

*Resolved*, That we recognized in him high professional attainments, an ardent love of science, and a systematic effort to faithfully and conscientiously perform all the duties incident to his profession.

*Resolved*, That we tender to the family of the deceased our sincere sympathy in their bereavement.

BOYLSTON MEDICAL PRIZE.—We are much gratified at being able to announce that at the annual meeting of the committee on the Boylston Medical Prize, held on the 7th inst., the prize of sixty dollars, or a gold medal of that value, was awarded to Dr. R. M. Hodges, of Boston, for the best dissertation on Excision of the Joints. Dr. Hodges is well known in our community as a skilful anatomist, and a surgeon of great promise, and all will feel that the prize has fallen to the right man. For the subjects for the prizes for 1862 and 1863 we refer our readers to the advertisement of the committee on the outside sheet of the JOURNAL.

APPOINTMENT OF BRIGADE SURGEONS.—The following gentlemen have been appointed by the United States Government Brigade Surgeons, from the State of Massachusetts, viz.:—Dr. G. H. Lyman, of the State Medical Commission; Dr. Luther V. Bell, Surgeon of the Massachusetts 11th; Dr. Peter Pineo, of the 9th; Dr. Henry Bryant, of the 20th; and Dr. O. Martin, of the 3d Battalion of Rifles.

THE SYLVESTER METHOD OF RESTORING SUSPENDED ANIMATION.—This process is frequently alluded to in English Medical Publications, and is, we presume, familiarly known in England. We noticed not long since that the Royal Humane Society had relinquished the Marshall Hall method for the resuscitation of persons taken from the Serpentine in a state of asphyxia. We find the process described in an admirable little work on Minor Surgery by Christopher Heath, F. R. C. S., just issued by Churchill of London, as follows. —

"Another mode (Dr. Sylvester's) is to lay the patient on his back, and having pulled the tongue forward, to draw the arms slowly up over the head, by which means the ribs are elevated by the pectoral muscles, and inspiration is produced; the arms are then to be brought down to the side of the chest, which they are to compress in a slight degree. These movements are to be repeated as slowly as

in the other method (the Marshall Hall method), and it is said that they give a more complete charge of air to the lungs."

**KEROSELENE.**—Dr. E. Cutter, of Woburn, relates briefly in the New York *Medical Times* the effects of the new anæsthetic, keroselene, in some experiments with it upon himself and several other members of the Middlesex East District Medical Society. They came under its influence immediately, he says, and also recovered from it well. In his own case, he remained under its influence half an hour, and in one trial insensibility was complete. It has also been used externally by Dr. Ingalls, in neuralgia.

**MILITARY HOSPITAL IN CINCINNATI.**—A Military Hospital is in successful operation in Cincinnati, under the charge of Dr. W. H. Mussey, assisted by Drs. John A. Murphy and Charles L. Avery. More than 120 patients have been received and treated, only two of whom have died. Some sixty patients are at present under treatment. The Hospital has been supported by the voluntary efforts of the citizens, but it is supposed that the Government will take it under its charge.

Drs. T. J. Kearney and Goddard, of Cincinnati, have been appointed Assistant-Surgeons in the Navy, and have been ordered to the gun-boats at Louisville.

Gov. Yates, of Illinois, has appointed the following gentlemen an Examining Board for applicants for Surgeons and Assistant Surgeons to the Illinois Volunteers in the U. S. service:—Prof. H. A. Johnson, Chicago, President; Drs. Boyan (Sycamore), Davis (Paris), Roskoden (Peoria), and Wing (Collinson).

From reliable information received from the regiments enlisted in this city (Cincinnati), the Fifth, Sixth, Ninth and Tenth (all three years men), the health is remarkable. The Second German Regiment, *en route* for Washington, departed in excellent condition, leaving but five in the military hospital. This sanitary state is very remarkable when we remember that the troops have been exposed to great hardship.—*Cincinnati Lancet and Obs.*

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, August 10th, 1861.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	57	69	126
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	57.9	47.3	105.2
Average corrected to increased population, . . . . .	..	..	117.29
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria
11	46	0	1	3	0	2	1	2

##### METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . . . .	30.008	Highest point of Thermometer, . . . . .	91.0
Highest point of Barometer, . . . . .	30.142	Lowest point of Thermometer, . . . . .	56.0
Lowest point of Barometer, . . . . .	29.750	General direction of Wind, . . . . .	W.S.W.
Mean Temperature, . . . . .	71.5	Am't of Rain (in inches) . . . . .	0.70

**MARRIED.**—In Wayland, July 26th, Dr. A. H. Bryant, of Natick, to Miss Abbie S. Damon, of W.

**DIED.**—At Capon Springs, Va., 28th ult., of dysentery, Dr. George P. Padelford, youngest son of Edward Padelford, Esq., of Savannah, Ga.

**DEATHS IN BOSTON** for the week ending Saturday noon, August 10th, 126. Males, 57—Females, 69.—Accidents, 3—inflammation of the bowels, 1—disease of the brain, 5—inflammation of the brain, 2—bronchitis, 1—cholera infantum, 46—cholera morbus, 2—consumption, 11—convulsions, 1—cyanosis, 1—cystitis, 1—debility, 1—diarrhoea, 3—diphtheria, 2—dropsy, 2—dropsy of the brain, 6—drowned, 2—dysentery, 2—enterocolitis, 1—scarlet fever, 1—typhoid fever, 1— hæmoptysis, 1—disease of the heart, 4—infantile disease, 1—disease of the liver, 2—inflammation of the lungs, 3—marasmus, 3—old age, 2—premature birth, 4—rheumatism, 1—disease of the spine, 1—teething, 1—tumor of the stomach, 1—unknown, 4—whooping cough, 3.

Under 5 years of age, 86—between 5 and 20 years, 6—between 20 and 40 years, 11—between 40 and 60 years, 10—above 60 years, 13. Born in the United States, 107—Ireland, 15—other places, 4.